

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) _____
 Name
 (2) PO Box 544
 Address (number and street)
Bonifay, FL 32425
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1189598]
 Submitted on:
 7/8/2019 19:50:03 (eastern)

Check here if address has changed

(3) ID Number: 23

(4) Check appropriate box(es):

- | | |
|---|---|
| <p><input type="checkbox"/> Candidate Office Sought: _____</p> <p><input type="checkbox"/> Political Committee (PC)</p> <p><input type="checkbox"/> Electioneering Communications Org. (ECO)</p> <p><input checked="" type="checkbox"/> Party Executive Committee (PTY)</p> <p><input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications)</p> | <p><input type="checkbox"/> Check here if PC or ECO has disbanded</p> <p><input type="checkbox"/> Check here if PTY has disbanded</p> <p><input type="checkbox"/> Check here if no other IE or EC reports will be filed</p> |
|---|---|

(5) Report Identifiers

Cover Period: From 4 / 1 / 2019 To 6 / 30 / 2019 Report Type: Q2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1 , 213 . 98

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , 1 , 213 . 98

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 106 , 071 . 68

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 83 , 858 . 12

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) _____
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _____ (2) I.D. Number 23

(3) Cover Period 4/1/2019 / / through 6/30/2019 / / (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number 23

(3) Cover Period 4/1/2019 through 6/30/2019

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
4/26/2019 //	Smith, Daniel 1517 Highway 177 Bonifay, Fl 32425	reimbursement pencils	RE		\$67.98
1					
6/5/2019 //	Prescott, Zach 1654 N Highway 81 Westville, Fl 32464	reimb facebook	RE		\$81.00
2					
6/5/2019 //	Smith, Daniel 1517 Highway 177 Bonifay, Fl 32425	reinb sarasota meeting	RE		\$565.00
3					
4/9/2019 //	Chipola College, 3094 Indian Circle Marianna, Fl 32446	scholarship lee 2018	MO		\$500.00
4					
//					
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